

**CITY OF AUBURN BUILDING DEPARTMENT
SUPPLEMENTAL PERMIT APPLICATION**

PLEASE BE ADVISED THAT THIS APPLICATION IS PUBLIC INFORMATION

PROPERTY OWNER_____ **Phone**_____

Mailing Address:_____

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CONTRACTOR'S NAME_____ **Phone**_____

Mailing Address:_____

Contractor's License No./Class_____

Worker's Compensation Applicable? **Yes**_____ **No**_____

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PROJECT ADDRESS:_____

Describe Work To Be Done:_____

Existing Use:_____

Proposed Use:_____

Is this a change of use?_____

COST OF JOB: \$_____

Applicant's Signature

Date

Owner_____ **Contractor**_____ **Agent**_____

.....

OFFICE USE ONLY

APN: _____